EXHIBIT 72

Document title:	(2) Adrian H on X: "@Russell50k @BigChase @Nemo_is_NoOne @JaneDoe35299512 @MattNachtrab @cavebear2509 @ProfRobHoward SavaDx went off track as soon as they got anyone who wasn't Wang to try to produce data, because.. wait for it.. IT WAS ALL MADE UP (and utter nonsense to boot)" / X
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Robert Howard @ProfRobHoward · Oct 18, 2022
Just remind us what happened in the placebo group, Matt.....

> **Matt Nachtrab** @MattNachtrab · Oct 18, 2022
> Replying to @AD3ENDALZ @MicrobiomDigest and 2 others
> And @ProfRobHoward this is for 100 patients at 1 year across 16 clinical trial sites. 60% of the patients were high responders with an average decline in adas-cog11 of 5.6. Average MMSE entry score was 22.7, so placebo average increase would be ...
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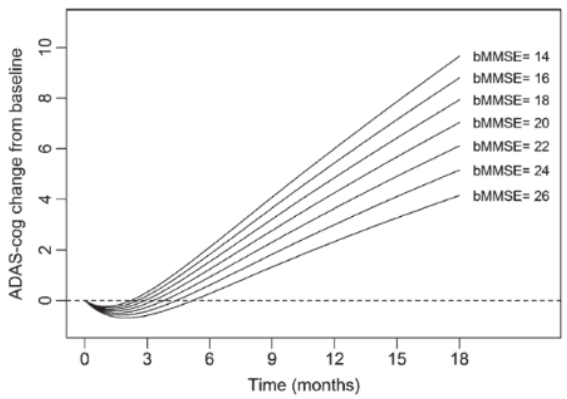

6 1 18

Matt Nachtrab @MattNachtrab · Oct 18, 2022
This is particularly true if you do a 1 year plus study because any boost you get from patients knowing they are being treated or learning score increases are overtaken by the disease in 1 year.

2 2

Chris Russell @Russell50k · Oct 18, 2022
Does it overtake the raters scoring them who know they are on drug ? There's a reason studies are double-blinded, not just blinded.

1

Matt Nachtrab @MattNachtrab · Oct 18, 2022
Good question. Adas-cogs is know to be a reliable measure of decline as long as the raters are well trained. Have you seen any research on risks of rater bias on open label? I'll take a look to see if I can find any.

1

Chris Russell @Russell50k · Oct 18, 2022
There have been a number of studies which used both blinded and unblinded raters. Most but not all showed a difference based on blinding. None for Alzheimers that I know of. There's a meta-analysis I've seen before.

2

Matt Nachtrab @MattNachtrab · Oct 18, 2022
ADAS-cog is a 45 minute study and the tasks are either you can do them or you can't, not a lot of room for subjective bias. A placebo would likely increase about 3.75 for MMSE average of 22.7. The 60% responders are 9.35 better, so I doubt rater bias could impact significance

1 1

Chris Russell @Russell50k · Oct 18, 2022
I've done 1000s of MMSEs. There's tons of room for bias in MMSE. I've also rated clinical trials off and on for 25 years in blinded and unblinded studies (never ADAS Cog). QL studies with this endpoint

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Chris Russell @Russell50k · Oct 18, 2022
I've done 1000s of MMSEs. There's tons of room for bias in MMSE. I've also rated clinical trials off and on for 25 years in blinded and unblinded studies (never ADAS Cog). OL studies with this endpoint mean very little.

2 5

cave bear @cavebear2509 · Oct 19, 2022
So you should know which method, if any, is best.
OL is off the table already (blinded P3's). What would be the best method to use in blinded situations.
And while we're at it, any candidates out there that are gonna bring home the bacon? Or are we gonna suffer from AD forever?

1

Chris Russell @Russell50k · Oct 19, 2022
ADASCog is a reasonable endpoint for the P3 studies. An endpoint that reflects real patient quality of life is best, such as CDR-SB, but this requires a caregiver to be very involved. Biomarkers aren't there yet, even though the FDA would like to think so.

No slam dunks yet.

4 2

Matt Nachtrab @MattNachtrab · Oct 20, 2022
The $sava phase 3 requires a care giver and they are running it with the trial as a secondary outcome. Did you have a chance to Simufilam patient family testimonial videos? It is the best quick review of what caregivers are experiencing...
youtu.be/E13POmxbRdk

> ne Clinical Dementia Rating Sum of Boxes (CDR-SB) [Time Frame: Baseline (Stud
> ne to Week 52 in the CDR-SB, which characterizes 6 domains of cognitive and funct
> ntias: memory, orientation, judgment and problem solving, community affairs, home
> cate more severe impairment.

1 1 2

Chris Russell @Russell50k · Oct 20, 2022
I'm glad they have it as a secondary endpoint.

Regarding the video, I don't make comments on individual patients. Don't take this as implied pos or neg. It's neither.

2

Jane Doe @JaneDoe35299512 · Oct 20, 2022
I respect this opinion Dr R. Do you believe the $SAVA P3 trials should be halted?

1 1

Chris Russell @Russell50k · Oct 20, 2022
Right now, no. If the P2b data is found to be fraudulent, I think they need a hold, which could lead to a halt.

1 1 1

Jane Doe @JaneDoe35299512 · Oct 20, 2022
I totally agree with you. Do you personally believe that Dr Wang or Dr Burns faked the P2B $SAVA data?

1 1

Chris Russell @Russell50k · Oct 20, 2022
I don't know. I think the data is wrong.

3 1

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Chris Russell @Russell50k · Oct 20, 2022
I don't know. I think the data is wrong.
3 1

Matt Nachtrab @MattNachtrab · Oct 20, 2022
What about it do you think is wrong? It's a 28 day blind placebo study that the fda fully reviewed and processed.
2 1 1

Chris Russell @Russell50k · Oct 20, 2022
Your are in IT Matt. Imagine a company comes to you with a util that can free up 20% more RAM on your customer's laptops. They show you nice graphs. You look their raw data and it shows, sure enough, that the free RAM goes from 1000 gigs to 1200 gigs on laptops. 20% more.
1/2
2

Matt Nachtrab @MattNachtrab · Oct 20, 2022
Okay I'm more confused now :) what specifically are your worried about on the phase2b data? Trial was 2xblind placebo study run at 9 different sites. Biomarker data is from Hoau's lab at CUNY and Qualterix. .
2 1 2

Chris Russell @Russell50k · Oct 20, 2022
CUNY did all the CSF. Quanterix did blood pTau.

Example: $sava reports CSF/Blood albumin ratios around 0.2. This isn't possible. That's not compatible with life. Alzheimer's patients are well documented to have ratios between 0.006 and 0.010.
7 1 2

BigCHASΞ @BigChase · Oct 21, 2022
I don't believe $SAVA P2b reported CSF/albumin (of which control groups are indeed generally ~0.04-0.08 range). Reported CSF T-tau/Aβ42 which has different units/range.

cassavasciences.com
Cassava Sciences Announces Final Results of a F
The Investor Relations website contains information about Cassava Sciences, Inc.'s ...

3 1

Chris Russell @Russell50k · Oct 21, 2022
They're in the preprint.

researchsquare.com
Effects of simufilam on cerebrospinal fluid biom
BACKGROUND Simufilam is a first-in-class drug candidate targeting altered filamin A, a ...

1

Jane Doe @JaneDoe35299512 · Oct 21, 2022
I deleted my earlier tweet to you because I now see your point about the Qalb. Value provided doesn't make sense. Hmmm
3

BigCHASΞ @BigChase · Oct 21, 2022
See 0.24-0.25 CSF/albumin ratios in pre-print. Not in expected

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about the Qalb. Value provided doesn't make sense. Hmmm

3

BigCHASΞ @BigChase · Oct 21, 2022
See 0.24-0.25 CSF/albumin ratios in pre-print. Not in expected range. How common & standardized is ratio in clinical practice? Why does attached describe as quotient in different range? Grasping straws, but possible CUNY flipped ratio or misnormalized? degruyter.com/document/doi/1...

> **Results:** CSF TP concentration and Qalb significantly correlated with age. In subjects at the age of 18–70 years, median CSF TP ranged from 320 to 460 mg/L and URL defined as the 95th percentile were 530–690 mg/L. Median Qalb ranged from 4.1 to 6.1 and URL from 8.7 up to 11.0. For URL of Qalb we calculated the following formula: age/25+8.

2

Jane Doe @JaneDoe35299512 · Oct 21, 2022
I'm equally confused on this Chase. Not clear how those numbers were arrived as QAlb range is well known.

1

Jane Doe @JaneDoe35299512 · Oct 21, 2022
As to the comment on RS about no ELISA, I take Burns at her word. If you've ever been to City College it's rather austere in their budgets/supplies. I suspect $SAVA will use other methods next time

2

Chris Russell @Russell50k · Oct 21, 2022
Maybe they could use a different lab? I think Lund Multipark has a good one.

1 3

Jane Doe @JaneDoe35299512 · Oct 21, 2022
Touché. If not for the nonsensical placebo data out of Sweden it might not ha e ever gone to Wang. I don't believe we have ever seen any simufilam drug group data from Lund?

3 1

Jane Doe @JaneDoe35299512 · Oct 21, 2022
And $SAVA NOT using Wang in P3 seems odd if it's "all made up".

1 4

Chris Russell @Russell50k · Oct 21, 2022
I think they have tried to get away from his lab - Lund and maybe with SavaDx. It hasn't worked out. P3 doesn't hinge on the lab results. If it works for primary endpoint and biomarkers are unchanged, it gets approved.

2 2

Finding Nemo @Nemo_is_NoOne · Oct 21, 2022
This is incorrect. $SAVA used LUND only bc CUNY was shutdown due to Covid, Lindsay wanted data to apply for NIH funding, she couldn't wait for CUNY to reopen. SavaDX is another situation, Xu worked closely with Wang, he sent Wang all row data, but published data was from Wang.

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2 2

BigCHASΞ @BigChase · Oct 21, 2022
Who is Xu? Link for best explanation of SavaDX irregularities and current status? Thnx

2

BigCHASΞ @BigChase · Oct 21, 2022
I think Chris may be referring to the company's move away from CUNY since time the Citizen's Petition raised issues. Right, @Russell50k; or did you mean something else?

2

Chris Russell @Russell50k · Oct 21, 2022
Nemo is right about Lund. They may have expected better results though. The FOIAs and press release seem like they were surprised by the results. I'm not sure how SavaDx went off track, if it was an outside lab or not. Xu is a SavaDx collaborator at Abilene Christian U.

3 2

Adrian H
@Adrian_H

SavaDx went off track as soon as they got anyone who wasn't Wang to try to produce data, because.. wait for it.. IT WAS ALL MADE UP (and utter nonsense to boot)

7:32 PM · Oct 22, 2022

1 1

Post your reply Reply

Adrian H @Adrian_H · Oct 22, 2022
Dr. Xu is a god-fearing man and does not make up data, as far as I know.

1 1

Adrian H @Adrian_H · Oct 22, 2022
The other funny thing is after rejecting the Lund results & dissing SIMOA, guess what tech they're using to measure biomarkers in Phase 3? They're working with a lab in Canada that has a Quanterix rig; I guess Quanterix itself didn't want to get dragged through the mud again.

1 1

Finding Nemo @Nemo_is_NoOne · Oct 22, 2022
Not sure if we looked at the same company, are you sure it's in Canada not this side of the boarder? Their registration is kind of odd.

1 1

Adrian H @Adrian_H · Oct 22, 2022
not that important, but they have a little office in WA to represent them but it's a spinoff from UBC and in BC.

1

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Adrian H @Adrian_H · Oct 22, 2022
not that important, but they have a little office in WA to represent them but it's a spinoff from UBC and in BC.
1

LogarithmicDis @LogarithmicDis · Oct 23, 2022
It's @NeuroCode1 which is a U.S. spin-off of @NeuroscienceUBC in Bellingham, WA.
1

Gregory C. Belmont @GrandCentralVC · Oct 23, 2022
"Bioelectricmedicine"? "Electroceuticals"? Canadian doohickey?

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Gregory C. Belmont @GrandCentralVC · Oct 23, 2022
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